



VACORP

308 Market Street S.E. Suites 1 & 2
Roanoke, VA 24011
Phone 540.345.8500 • Toll Free 888.822.6772
Fax 540.345.5330 • Toll Free 877.212.8599

December 2014

CITY OF MARTINSVILLE
WORKER'S COMPENSATION PANEL OF PHYSICIANS

Dr. Jon's Urgent Care

2871 Greensboro Road
Martinsville, VA 24112
(276) 638-2273
Jon Peterson, MD
Bart Siebring, MD

Martinsville Urgent Care

1044 E. Church Street
Martinsville, VA 24112
(276) 634-0010
Frank Lauzau, MD

Bassett Family Practice

324 TB Stanley Highway
Bassett, VA 24055
(276) 629-1076
Kwamba Nkembe, MD
Robert Albanese, MD
Rhonda Clark, NP
Tracy Lange, NP
Julia Hodnett, NP

Mahoney Family Practice

445 E Commonwealth Blvd Suite A
Martinsville, VA 24112
(276) 666-0500
Mark Mahoney, MD
Susan Weeks, NP

For therapy services ordered by the treating physician, contact Alignetworks at 1-866-389-0211.

THE CLOSEST EMERGENCY ROOM OR URGENT CARE FACILITY MAY BE USED DURING A MEDICAL EMERGENCY. *ONCE EMERGENCY TREATMENT IS COMPLETE, A PANEL PHYSICIAN MUST BE CHOSEN FOR FOLLOW-UP CARE.*

_____ I select _____ from the above panel.

_____ I decline to select a doctor from the above panel. I understand that I will have to pay for medical treatment and doctor bills, and that I may be denied worker's compensation benefits for any absence based on disability that is not certified by an approved physician.

EMPLOYEE

DATE

Medical Authorization

I hereby authorize City of Martinsville, VACoRP, the insurer, Metis Services, or their representatives to be furnished with any and all information requested to include, but not limited to, medical records, diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. I further agree a photographic carbonless copy of this release shall be as valid as the original. This information is to be used for the sole purpose of evaluating and handling a Workers Compensation claim resulting from the incident occurring on or about _____ (date) and shall be used for no other purpose, now or in the future.

Employee Signature _____ Date _____